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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) PHARMA-92 C1 |
|---|--|----|--|
| OIPE | In re Application of Denis LABRECQUE et al. | | |
| S. T. T. S. | Application Number 10/046,396 | | Filed January 16, 2002 |
| MAR 2 4 2004 | THIOPHENE AND FURAN 2,5-DICARBOXAMIDES USEFUL For IN THE TREATMENT OF CANCER | | |
| This is a request under the provision | Group Art Unit Examiner 1626 Andrea D. Souza Small | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| ☐ One month (37 CFR 1.17(a)(1)) | | \$ | |
| | Two months (37 CFR 1.17(a)(2)) | | \$420.00 |
| _ | _ | | \$ |
| · | | | \$ |
| ☐ Five months (37 CFR 1.17(a)(5)) \$ | | | <u></u> \$ |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ | | | |
| □ A check in the amount of the fee is enclosed. | | | |
| ☐ Payment by credit card. Form PTO-2038 is attached. | | | |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402 . | | | |
| I have enclosed a duplicate copy of this sheet. I am the ☐ applicant/inventor. | | | |
| □ assignee of record of the entire interest. See 37 CFR 3.71 | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| □ attorney or agent of record. | | | |
| ☐ attorney or agent under 37 CFR 1.34(a). | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | |
| WARNING: Information on this form may become public. Credit card information should not | | | |
| be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| March 22, 2004 | | | |
| Date Signature | | | |
| Brion P. Heaney, Reg. No. 32,542 | | | |
| | | | printed name |
| | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| *Total of forms are submitted. Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any | | | |

comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and I rademark. Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESSERTIFICATE: DESMATISTED BS. P.O. Box 1450, Alexandria, VA 22313-1450.

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Name: